

# AMENDMENT TO LAND USE PLAN ELEMENT

## VILLAGE OF RIDGEWOOD MASTER PLAN

### H – HOSPITAL ZONE DISTRICT

Village of Ridgewood Planning Board



February 28, 2014  
with technical revisions from June 9, 2014 Planning Board meeting

The original of this report was signed  
and sealed in accordance with  
N.J.S.A. 45:14A-12.

**B-3**  
VALLEY / PLANNING BOARD  
3/30/16

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Blais L. Brancheau, P.P.  
P.P. License #4272

**PROPOSED AMENDMENT TO LAND USE ELEMENT  
VILLAGE OF RIDGEWOOD MASTER PLAN**

**VILLAGE OF RIDGEWOOD PLANNING BOARD**

**H ZONE DISTRICT**

**Introduction and Background**

The H zone district, located on the north side of Linwood Avenue between Van Dien Avenue and John Street, is occupied by The Valley Hospital, a health care facility that serves much of northern Bergen County and adjacent areas. The hospital was initially developed in 1951 as a 108-bed facility. Over the years, the hospital has expanded its size and function in response to growth in the region and changing health care standards and technologies. The hospital also operates a substantial network of services at other sites in the region, primarily out-patient services, cancer services and back office support functions. The hospital also has a large on-site parking component consisting of on-grade and subsurface structured parking.

This plan recognizes that the hospital is an existing use that must be given some development flexibility in order to adapt to changing health care needs and standards. This is so in light of the value and benefits provided by the hospital, which are not limited to only the obvious health care benefits to the community and not limited to only the Village and its residents.

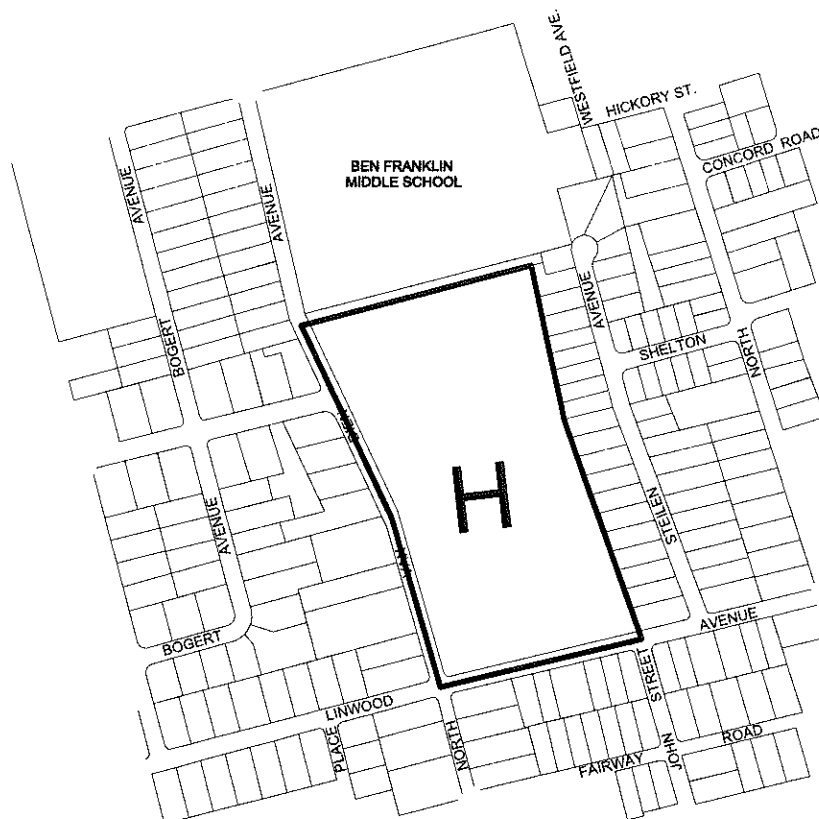
This plan also recognizes the negative impacts of the hospital operation. Since its inception, the hospital site has been surrounded on three sides by single family residential properties and on the fourth (north) side by Benjamin Franklin Middle School. Potential impacts related to the hospital's operation include increased vehicular traffic, visual impacts, quality of life issues such as noise, and other concerns. This plan therefore seeks to promote a policy that reasonably balances the needs of the hospital, area residents, the larger community and the region.

The remainder of the plan provides the detailed development policies and standards recommended for the H zone district.

**Zone District Boundaries**

The H zone district boundaries should be limited to the current hospital property as depicted in the Recommended H Zone Boundaries diagram on the following page:

## Recommended H Zone Boundaries



There should be no expansion of the hospital operation and any uses accessory to the hospital operation into the surrounding residential neighborhood. Any development of hospital facilities or ancillary uses elsewhere in the Village should be consistent with the Village's land use policies for such locations in effect at the time of such development.

### Permitted Land Uses

This plan does not anticipate or propose any significant change in land use for the H district; but expects Valley Hospital to continue as the sole or primary use in the zone, although there may be modifications to the form of the development. Principal uses should be limited to the following:

- Hospitals
- Child care centers (as required by State law at N.J.S.A. 40:55D-66.6 and -66.7)
- Municipal uses (currently permitted in all zones)
- Rooftop cellular telecommunications facilities (as a conditional use)
- Uses accessory to the above principal uses

Permitted accessory uses should include those normally associated with permitted principal uses; however, heliports or heli-stops should not be a permitted accessory use.

### Lot Area

This plan recommends that the minimum lot area for the hospital be the entire area of the H zone district, except for any land used for roadways or roadway widening easements along Linwood Avenue and/or Van Dien Avenue. At the time of this plan, the hospital property contains 15.39 acres; any road widening dedication or easement should be permitted to reduce the required lot area by a commensurate amount.

### Intensity of Use

“Intensity of use” is a term that refers to the overall level of activity generated by a use. In the case of the hospital facility, this is reflected in the amount of vehicular and pedestrian traffic generated by employees, patients, visitors, delivery and service vehicles, and by various other site activities. Although intensity is frequently correlated with and regulated by the amount of floor area devoted to a use, such correlation is imprecise and depends upon various other factors. Thus, for example in the case of the hospital, a change in the size of inpatient bed rooms and a change in the number of beds per room will increase the floor area, but will not substantially increase the intensity of the use.

This plan recommends, as an overall policy, that the maximum intensity of use for the hospital facility be limited to the same level of intensity that existed in 2014. Reconfiguration, redevelopment and/or expansion of the facility should be permitted in order to improve the hospital operation and respond to changing health care standards, as long as this does not result in a substantial increase in the intensity of use from that which currently exists.

In order to limit the intensity of use, this plan recommends that controls be imposed on certain components that, in combination, contribute to the intensity of the hospital operation. The controls should allow some flexibility in the combination of these components, as long as the total intensity of use is not increased. For example, an increase in the number of beds or a change in the floor area used for inpatient/outpatient diagnostic treatment facilities should be permitted, but only if the hospital demonstrated a corresponding reduction in other components. Any changes should not result in an increase in site traffic or hospital parking above current levels. The following is intended as one example of a combination of components that represent the maximum intensity of use that this plan recommends; other combinations that achieve the same level of intensity may also be acceptable:

- 454 inpatient beds;
- 380,000 to 400,000 square feet of floor area devoted to shared inpatient/outpatient diagnostic treatment, clinical support, logistical support and administrative office areas;
- 900,000 square feet of the total hospital floor area, exclusive of floor area in parking decks and rooftop equipment areas; and
- 1,700 on-site parking spaces, of which not more than 700 spaces are used by paid employees, excluding doctors, plus vehicles parked in the hospital’s valet parking operation.

### Building Mass and Building Coverage

Given the scale of the hospital buildings and the location of the site in a single-family residential neighborhood, the visual impact to the surrounding area resulting from the mass of the hospital buildings and parking decks should be minimized. For this reason, the plan recommends:

- limiting the amount of enclosed floor area or enclosed roof area located at or above grade to 1,056,400 sq. ft., based upon estimates of 685,000 sq. ft. for hospital buildings, 95,000 sq. ft. for enclosed rooftop areas, 245,000 sq. ft. for parking decks, including the top level of decks, and 31,400 sq. ft. for atriums and courtyards. This limitation should apply to all areas of buildings, parking decks, enclosed rooftop mechanical penthouses and other rooftop areas that are enclosed or screened by taller (at least 6 feet high or more) parapets, screening panels and the like. Excluded from these areas are covered service areas, covered canopies at entrances, covered walkways and similar features. This limitation should not apply to areas below-grade and areas enclosed by lower (below 6 feet high) parapets or screening panels; and
- limiting the amount of coverage by above-grade structures to 288,000 square feet.

### Building Height

In order to allow for the increased story heights needed for current hospital design standards, and in order to accommodate increased setbacks from property lines, the following policies are recommended:

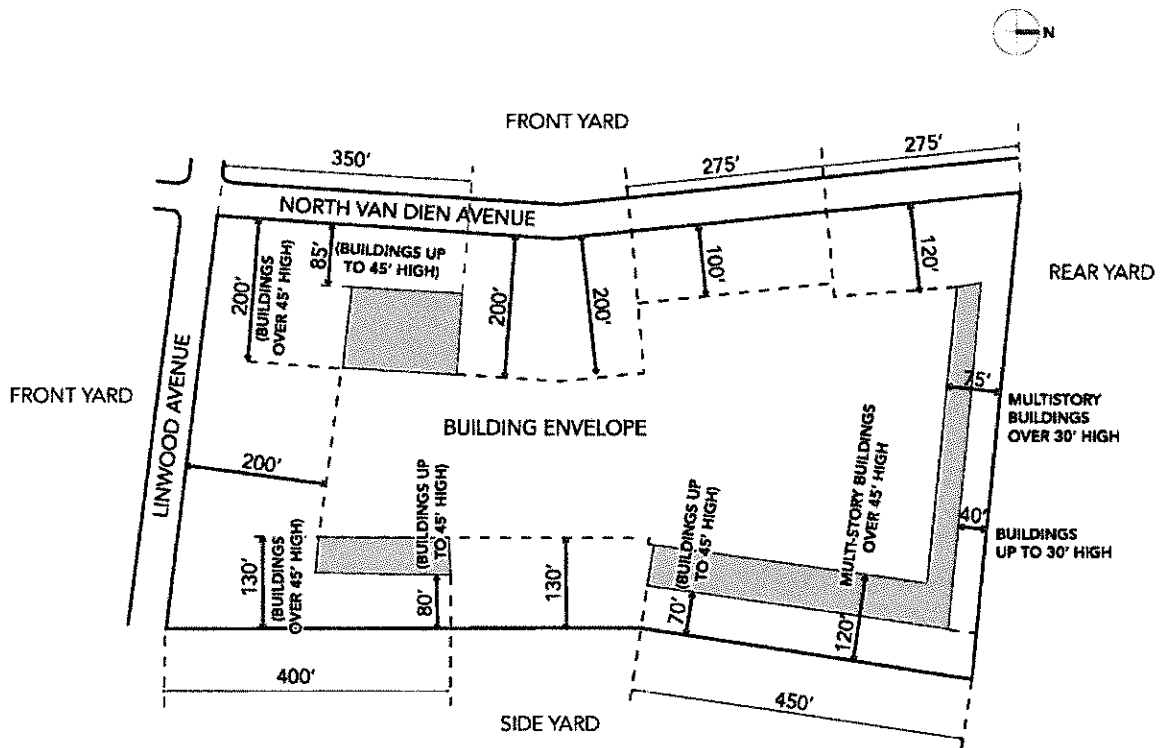
- Principal buildings should be permitted a maximum height of 70 feet and five stories (excluding enclosed rooftop mechanical penthouses and unenclosed equipment), provided that the amount of fifth floor space to be permitted shall be limited to a maximum 52,000 square feet of floor area in a single building, with all other buildings limited to a maximum height of 4 stories and 57 feet (excluding enclosed rooftop mechanical penthouses and unenclosed equipment).
- Enclosed rooftop mechanical equipment on principal buildings should be limited to a height of 24 feet (excluding any federal regulatory provisions that may necessitate equipment or elements exceeding this or other local ordinance height limitations), and should be screened in a manner that is compatible with the design of building facades.
- Parking decks and accessory buildings should be limited to lower heights than principal buildings. In order to allow for sufficient parking for the hospital use, and in conjunction with the increased setback and buffer requirements called for in the plan, parking decks should be limited to a height of 45 feet, including parapet walls but excluding elevators and stairwells.

### Yards/Building Setbacks

The building setback standards for the hospital should mitigate the visual impact of the hospital buildings upon adjacent streets and properties, especially residential properties, and should

provide adequate light, air and open space. The setback standards should also consider the fact that the hospital is an existing single use facility with various constraints imposed by the location of existing buildings and other features. It is consequently recommended that the setbacks to be imposed generally reflect the setback dimensions as illustrated on the accompanying map. All setback measurements to a street shall be made from the existing (2014) right-of-way. In no event shall the building setback be less than the buffer depth and, where feasible, parking setbacks shall be greater than the buffer depth.

### Minimum Yards/Building Setbacks Plan



### Improvement Coverage

The improvement coverage limitation, along with the buffer requirements, is intended to help mitigate the visual and environmental effects of the buildings and paved areas at the hospital complex. Coverage by buildings and pavement should not exceed 469,000 square feet. This does not include coverage by green roofs, covered walkways, sidewalks, patios, planted buffers and other landscaped areas.

### Buffers – Site Landscaping

Due to the surrounding land uses, buffers and perimeter landscaping should be required on all sides of the hospital campus in order to reduce the visual impact of the hospital buildings and paved areas, to screen headlights and other lights and to reduce noise and other nuisance concerns for the neighborhood. Following are the recommended requirements:

- Buffers should be located adjacent to property lines and as much as possible should not be encroached upon by paved areas or other improvements that compromise the effectiveness of the buffers, except for necessary breaks for site driveways. The minimum buffer depths should be as follows; however if a road widening dedication or easement is provided on the hospital side of Linwood Avenue or Van Dien Avenue, the buffer depths in those locations may need to be revised to accommodate the dedication or easements:
  - [1] Adjacent to Linwood Avenue - 20 feet.
  - [2] Adjacent to Van Dien Avenue - 20 feet, with greater depths in location of taller buildings (above 45 feet high).
  - [3] Adjacent to Steilen Avenue Properties - 20 feet.
  - [4] Adjacent to Ben Franklin School Property - 12 feet.
- In addition to a landscaped buffer, a sound barrier fence/wall and other features, as appropriate, should also be required adjacent to the Steilen Avenue properties and the Ben Franklin School property in order to mitigate the noise from loading activities, truck traffic and other activities. Fences and/or walls should also be required in other buffer areas or locations, where necessary to provide adequate screening. The extent and the specific design of such barriers and other features should be determined by the Planning Board at the time of site plan review.
- Service area(s) should be at least partially covered with green roof(s) to cover all loading dock functions such as compactors, garbage containers, medical waste containers, and general loading dock functions.
- If necessary to ensure reasonable mitigation of noise and other impacts, regular loading dock operations and other activities in service areas that would affect adjacent properties should be limited to reasonable daytime and weekday hours and state-of-the-art construction and operational technology should be used to mitigate negative impacts.
- Emergency Department entrances for ambulance and walk-in traffic should be covered to contain noise and ED ambulance or police activity.

### Parking and Access

The minimum number of required parking spaces should be sufficient to meet all of the hospital's parking needs on site and in off-site locations without the need for parking on neighborhood streets.

- A minimum requirement of 4.25 spaces per bed should be required; provided, however that the amount of parking on the hospital site should not exceed the amount recommended by the intensity of use policy in this plan. Any additional required parking should be located off-site and should be subject to an approved operational plan to transport persons to/from such off-site parking and the hospital. If such off-site parking is located in the Village, it should be required to comply with all applicable zoning and site plan regulations.
- Valet parking should be permitted, provided that such parking does not increase the intensity of the hospital use above the maximum level recommended by this plan.

### Illumination

The impact to area residents resulting from site illumination at the hospital should be minimized. The illumination of parking decks, within both closed levels and top levels, should be adequately shielded to avoid glare or other nuisance lighting beyond the hospital property. If necessary to ensure adequate protection of surrounding residential areas, the top levels of decks should not be used during night-time hours and the illumination of such levels turned off.

### Building Architecture

The architectural design of the hospital buildings and parking decks should be sensitive, to the extent that is reasonably feasible, to the residential neighborhood in which it is located, through the following policies:

- The materials and colors chosen for building facades should be compatible with the traditional materials commonly found within the Village.
- Building facades and roofs should contain projections, recesses, windows and a variety of materials so as to visually break up the mass of large buildings.
- New buildings, including parking decks, should maintain design compatibility with existing buildings. Parking decks should be designed using the same or similar exterior facade materials to other site buildings.

### Signs

The following signage policies are recommended:

- Sign regulations for the hospital should permit sufficient signage to not only identify the hospital campus to passing traffic, but also to orient visitors and other site users to the various buildings, parking areas and other components of the hospital campus.



- Signs should be designed and located to respect the residential character of the neighborhood and to avoid excessive or inappropriate illumination, given the residential context of the site.

#### Traffic and Street Improvements

Various street and traffic improvements should be considered in the vicinity of the Hospital zone in order to provide for the safe and efficient flow of vehicular traffic, to provide for adequate access by service and emergency vehicles, to help ensure the safety of pedestrians at intersections and driveway crossings, and to avoid undue traffic impacts upon the surrounding residential neighborhoods. Improvements that should be considered as part of the site plan review for any major modification of the hospital site include but are not limited to the following:

- A dedicated left turn lane on Van Dien Avenue southbound at the intersection with Linwood Avenue.
- Traffic signal improvements at the intersection of Linwood Avenue and Van Dien Avenue.
- Synchronization of the signal timing at the intersections of Linwood Avenue and Van Dien Avenue and Linwood Avenue and North Pleasant Avenue.
- Installation of a traffic signal at the intersection of North Van Dien Avenue, Red Birch Drive and East Glen Avenue.
- Improved crosswalks and pedestrian crossing signalization at the intersection of Linwood Avenue and Van Dien Avenue.
- Improvements and/or controls for turning movements at the intersection of John Street at Linwood Avenue.

The need for and the specific design of these and/or other improvements that may be necessary will need to be finalized as part of any development application for the hospital, recognizing that improvements within Linwood Avenue are under the jurisdiction of Bergen County and that all improvements within and affecting area streets will need to be adjusted based upon the specific nature of development proposed. In general, traffic and street improvements should be constructed prior to or early in the phasing of any construction, so as to minimize construction-related traffic impacts, but the specific timing should also be finalized during the site plan review of any development application.

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